

Instructions for DPB Form MR-1 Maintenance Reserve Subproject Request

All requests for new maintenance reserve subprojects for the **2008-2010** biennium must be submitted on a DPB Form MR-1. Prepare a **separate** DPB Form MR-1 for each subproject that is being requested. (See Appendix A for a definition of maintenance reserve projects.) **This form does not have to be prepared for maintenance reserve subprojects being requested for the last two biennia of your six-year plan.**

Tab 1: General Information

- Item 1 **Agency code.** Enter the three-digit agency code for your agency.
- Item 2 **Agency name.** Enter your agency's name.
- Item 3 **Subproject title.** Give the new subproject a clear, descriptive title. Begin each title with an action verb.
- Item 4 **Subproject control no.** Enter the subproject control number. Sequentially number existing and newly-validated projects contained in the current 6-year plan with an eight digit number composed of the agency number and five digits starting with 00001. For example, the subproject control number for the fifth project submitted by agency 246 for the 2008-2010 biennium is 24600005.
- If you still have active subprojects that were numbered using the old eight-digit control number system, you may continue using these numbers for those projects until they are completed. The old eight digit numbers began with the three-digit agency code, followed by the two digits for the first year of the biennium in which the subproject was validated, and concluded with the next number in sequence for that biennium.
- Item 5 **Subproject priority.** Enter the priority ranking of the subproject among all of the new subprojects being requested for the biennium. Roof repairs and replacements must be the highest priority (Section 4-4.01 c, Chapter 3).
- Item 6 **Building name.** Enter the name of the building(s) where the work will occur.
- Item 7 **Building number.** Enter the number of the building(s) where the work will occur.
- Item 8 **Building location.** Enter the name of the city or county in which the subproject is located. If the project is intended to serve a number of localities, enter the name of the region. If it includes projects all over the state, enter "statewide."

Tab 2: Subproject Data

- Item 9 **Subproject description/justification.** Provide a brief description of the nature of the proposed work **and** the reason(s) the work is required. The subproject

description/justification should be of sufficient detail to clearly define the scope of the subproject and to describe why the subproject is necessary. The need justification could include age and condition of current property, plant, or equipment; the number of man-hours invested annually in repairs; interruptions of services or service backlogs; and safety hazards to clients or staff. Also, please provide a general description of the present use and function of each building for which funding is being requested; for example, dormitory, instruction – math and English, administrative offices, etc.

Institutions of higher education also must provide the percent of the building's function and purpose that is attributable to educational and general activities.

- Item 10 **Criterion.** Check all the criteria that apply to the subproject.
- Item 11/12 **Work to be accomplished by.** Select "Consultant" if consultants or contractors will do the design or construction work, and "In-house staff" if the agency's in-house staff will do the design or construction work.
- Item 13 **Subproject cost estimate (GF).** Provide the general fund cost estimate for the project. **Round your request to the nearest \$1,000.**
- Item 14 **Subproject cost estimate (NGF).** Provide the nongeneral fund estimate for the project. **Round your request to the nearest \$1,000.**
- Item 15 **Total cost estimate.** The form will calculate the total cost estimate for the project.
- Item 16 **Subproject cost methodology:** Briefly describe the methodology used to estimate the cost of the subproject.

Tab 3: Contact Information

- Item 17 **Name of person to contact about this form.** Enter the name of the person to contact who can answer specific questions concerning the information provided on this form.
- Item 18 **Contact person's telephone number.** Enter the telephone number of the contact person.
- Item 19 **E-mail address.** Enter the e-mail address of the contact person.
- Item 20 **Date.** Enter the date on which this form was completed and sent to DPB.